

APPENDIX I
Immunization Resources

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Centers for Disease Control and Prevention
and
National Immunization Program

Contact Information & Resources

Telephone

Immunization Call Center
800-232-4636 (800-CDC-INFO)

Contact CDC-INFO 24 hours a day, 7 days a week, in English or Spanish, with questions concerning immunizations or vaccine-preventable diseases, or to find the location of immunization clinics near you, or to order single copies of immunization materials from NIP.

E-Mail

nipinfo@cdc.gov

Healthcare providers can send their immunization or vaccine-preventable disease related questions to this e-mail address. You will get an answer from a National Immunization Program expert, usually within 24 hours.

Internet

NIP: <http://www.cdc.gov/nip>

Hepatitis: <http://www.cdc.gov/hepatitis>

Influenza: <http://www.cdc.gov/flu>

Travelers' Health: <http://www.cdc.gov/travel>

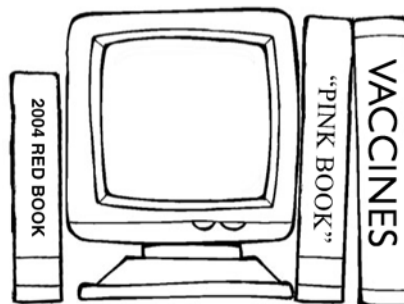
Calendar of upcoming events, online access to publications such as ACIP statements and Vaccine Information Statements, online publications ordering, vaccine safety information, latest pediatric and adult immunization schedules, downloadable Clinic Assessment Software Application (CASA), Frequently Asked Questions, PowerPoint slide presentations from the Pink Book and from NIP satellite broadcasts, links to other immunization sites, and much more.

NIP Training & Education Resources. Download NIP's curriculum brochure:
<http://www.cdc.gov/nip/ed/curriculum/curric-brochure.htm>

Publications may be ordered through NIP's online order form:
<http://www.cdc.gov/nip/publications>

IAC's Online Directory of Immunization Resources

Visit our website to find the Immunization Action Coalition's online directory of immunization resources. Continually updated, it keeps you in the know about immunization and viral hepatitis issues and resources. Use it to gain access to hundreds of reliable sources of information with the click of a mouse. Here's what you'll find:



- **Books and Periodicals:** Standard resources for providers, as well as helpful and informative books for patients and parents.
- **CDC Materials:** Ordering information for CDC-produced materials; links to frequently requested items, live satellite broadcasts, and websites; and a listing of telephone and email information services.
- **Continuing Educational Opportunities for Health Professionals:** Listings and links for providers needing CMEs, CNEs, CEUs, or just to stay current.
- **Email Subscriptions:** Information about how to sign up to receive periodic email updates from several immunization-related organizations.
- **Hotlines:** Information about toll-free hotlines for providers and patients.
- **International Organizations:** Links to organizations (e.g., WHO, PAHO, GAVI) providing information on global and international immunization and hepatitis issues.

Visit us:
**[www.immunize.org/
resources](http://www.immunize.org/resources)**

- **IAC Materials:** Links to IAC's ready-to-print educational pieces for providers, patients, and parents — and much more.
- **Other Immunization Partners:** Links to other organizations and professional societies that provide immunization information.
- **State and Federal Agencies and Programs:** Links to most federal agencies (e.g., CDC, FDA) and state health departments.
- **Videos:** Helpful videos for providers, patients, and parents to learn more about immunization and viral hepatitis.

www.immunize.org/news.d/6012resr.pdf • Item #U6012 (12/04)

Sample IAC Print Materials

These, and many other useful materials for both providers and patients, can be downloaded free of charge from the IAC's website at <http://www.immunize.org/catg.d/free.htm>

Vaccine Administration Record for Children and Teens				Parent Name: _____ Date: _____					
Child Name: _____ Date of Birth: _____				Child Number: _____					
Before administering any vaccine, give the parent/guardian all appropriate information about vaccines (VPIs) and make sure they understand the risks and benefits and that they have given their informed consent. Give a copy of this record to the parent/guardian.									
Vaccine	Type of vaccine (see vaccine information statement)	Date given (month/day/year)	Site given (left arm, right arm, left thigh, right thigh)	Signature of parent/guardian					
Measles II	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio (IPV)	IPV	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
MMPI	MMPI	10/10/10	RA	8/2	10/10/10	8/2	10/10/10	10/10/10	10/10/10
Polio									

Vaccine Administration Record
for Children and Teens
<http://www.immunize.org/catg.d/p2022b.pdf>

[illegible]

Standing Orders for Administering
Influenza Vaccine to Adults
<http://www.immunize.org/catg.d/p3074.pdf>

Parent name _____ Date of birth _____

(mm) (dd) (yy)

Screening Questionnaire for Child and Teen Immunization



For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, foods, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a seizure or a brain problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child have certain conditions, illnesses, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the child been on corticosteroids, anticonvulsants, other steroids, or anti-cancer drugs in the last 6 weeks (in the past 3 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child received a transfusion of blood or blood products, or been given a medicine called intravenous gamma globulin in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child being pregnant or has there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by _____ Date _____
 Form reviewed by _____ Date _____

Did you bring your child's immunization record card with you? yes ☐ no ☐

If important to have a positive result on your child's vaccination, if you don't have a record card, ask your healthcare provider to give you one! Bring this record with you every time you seek medical care for your child. Take care your healthcare provider knows all your child's reactions or if you child still needs the earlier than usual vaccine guidelines, such as high risk.

www.immunization.ca/english/immunization/parents/parents_q.htm#Q1-9

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Screening Questionnaire
for Child and Teen Immunization
<http://www.immunize.org/catg.d/p4060scr.pdf>

[illegible]

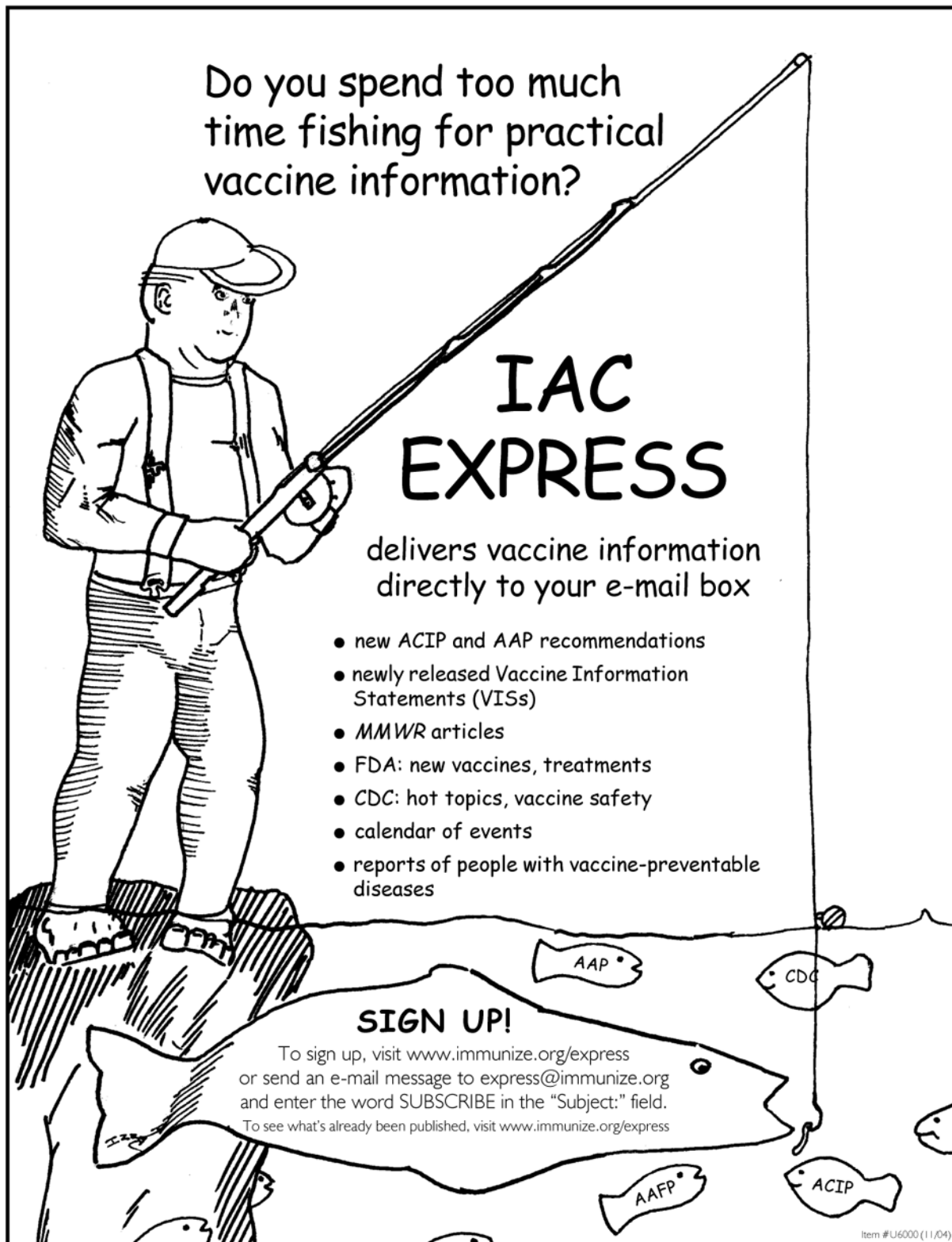
Are You 11-19 Years Old?
<http://www.immunize.org/catg.d/11teens8.pdf>

Temperature Log for Vaccines (Fahrenheit) Month/Year: _____ Days 1-18

***Instructions:** Place an "X" in the box that corresponds with the temperature. The shaded areas represent unacceptable temperature ranges. If the temperature recorded in the shaded area: 1. **Store the vaccine under proper conditions as quickly as possible.** 2. **Call the vaccine manufacturer to determine whether the product's maximum has been affected.** 3. **Call the immunization program at your local health department for further assistance.** 4. **Document the action taken in the second tab of this log.**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Refrigerator Temperature																		
36°F - 46°F																		
46°F - 56°F																		
56°F - 66°F																		
66°F - 76°F																		
76°F - 86°F																		
86°F - 96°F																		
96°F - 106°F																		
106°F - 116°F																		
116°F - 126°F																		
126°F - 136°F																		
136°F - 146°F																		
146°F - 156°F																		
156°F - 166°F																		
166°F - 176°F																		
176°F - 186°F																		
186°F - 196°F																		
196°F - 206°F																		
206°F - 216°F																		
216°F - 226°F																		
226°F - 236°F																		
236°F - 246°F																		
246°F - 256°F																		
256°F - 266°F																		
266°F - 276°F																		
276°F - 286°F																		
286°F - 296°F																		
296°F - 306°F																		
306°F - 316°F																		
316°F - 326°F																		
326°F - 336°F																		
336°F - 346°F																		
346°F - 356°F																		
356°F - 366°F																		
366°F - 376°F																		
376°F - 386°F																		
386°F - 396°F																		
396°F - 406°F																		
406°F - 416°F																		
416°F - 426°F																		

Temperature Log for Vaccines (Fahrenheit)
<http://www.immunize.org/catg.d/p3039pdf>



Do you spend too much time fishing for practical vaccine information?

IAC EXPRESS

delivers vaccine information directly to your e-mail box

- new ACIP and AAP recommendations
- newly released Vaccine Information Statements (VISs)
- MMWR articles
- FDA: new vaccines, treatments
- CDC: hot topics, vaccine safety
- calendar of events
- reports of people with vaccine-preventable diseases

SIGN UP!

To sign up, visit www.immunize.org/express or send an e-mail message to express@immunize.org and enter the word SUBSCRIBE in the "Subject:" field. To see what's already been published, visit www.immunize.org/express

Item #U6000(11/04)

Immunization Action Coalition • 1573 Selby Avenue • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org



IMMUNIZATION TECHNIQUES

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Order Form

This award winning 35-minute program, by the California Department of Health Services Immunization Branch, includes the latest information on injection techniques for immunizing children and adults. Available on VHS and DVD. DVD includes English and Spanish versions plus resources. This program can be ordered by fax or online at www.cdlnh.com.

Billing Information

Please print clearly and minimize use of abbreviations

Name: _____
 Organization: _____ Dept: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ E-mail: _____

Shipping Information (If different from Billing Information)

Name: _____
 Organization: _____ Dept: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ E-mail: _____

Item #	Item Name	Quantity	Unit Price	Total
IMM-712	Immunization Techniques Video: 1-10 copies @ \$30.00 ea <input type="checkbox"/> Eng. <input type="checkbox"/> Span.		\$30.00 each	
IMM-712	Immunization Techniques Video: 11-100 copies @ \$25.00 ea <input type="checkbox"/> Eng. <input type="checkbox"/> Span.		\$25.00 each	
IMM-712	Immunization Techniques Video: 101+ copies @ \$20.00 ea <input type="checkbox"/> Eng. <input type="checkbox"/> Span.		\$20.00 each	
IMM-712 DVD	Immunization Techniques DVD: English & Spanish		\$35.00 each	
Balance Due				

Other immunization related products:

IMM-674	Immunization Techniques - Comfort Measures Poster		\$20/set of 5	
IMM-720	Immunization Techniques - Comforting Restraint Double-sided Flyer		\$2 each	
IMM-712	Immunization Techniques - Comfort Measures English/Spanish Take Home Flyer		\$10/tablet of 50	
IMM-686	Immunization Techniques - Anatomic Sites		\$20/set of 5	
IMM-721	Immunization Techniques - Print Material Artwork		\$50	

Make checks or money orders payable to: **California Distance Learning Health Network**

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Credit Card Information

Credit card type: ☐ Visa ☐ MasterCard

Credit card number: _____

Expiration date: ____/____
 (mo.) (yr.)

Signature of card holder: _____

Fax your order to (619) 594-2111 or order online at www.cdlnh.com.

For inquiries contact:

California Distance Learning Health Network

9245 Sky Park Court, Suite 100, San Diego, CA 92123 (619) 594-5933 orders@cdlnh.com

www.cdlnh.com

California Distance Learning Health Network is an authorized distributor of the Immunization Techniques suite of products.

Global Vaccination Information

Statistics and Graphics

(http://www.who.int/immunization_monitoring/data/en/)

This page contains links to slides, maps, tables, and other documents relating to global and national disease incidence, vaccine coverage, and other immunization-related topics.

Global Summary “Country Profile Selection Centre”

(http://www-nt.who.int/immunization_monitoring/en/globalsummary/countryprofileselect.cfm)

On this page the reader can view an “Immunization Profile” for a selected country, which includes information on population, disease incidence, vaccine coverage, and the routine schedule.

**NATIONAL IMMUNIZATION PROGRAM
IMMUNIZATION GRANTEES
December 13, 2005**

STATE & CITY GRANTEES

ALABAMA

Alabama Department of Public Health
State Immunization Program
P.O. Box 303017
Montgomery, AL 36130-3017
Fed Ex: Disease Control/Immunization Div.
The RSA Tower
201 Monroe St., Suite 1460
Montgomery, AL 36104

PHONE #: (334) 206-5023
FAX #: (334) 206-2044
Program Manager: Winkler Sims
Email: wsims@adph.state.al.us

ALASKA

Alaska Department of Health and Social Services
Immunization Program
3601 C. Street, Suite 540
P.O. Box 240249
Anchorage, Alaska 99503

PHONE #: (907) 269-8000
FAX #: (907) 562-7802
Program Manager: Laural H. Wood
Email: laurel_wood@health.state.ak.us

ARIZONA

Arizona Department of Health Services
Immunization Program Office
150 N. 18th Ave.
Phoenix, Arizona 85007-3233

PHONE #: (602) 364-3630
FAX #: (602) 364-3276
Program Manager: Kathy Fredrickson
Email: Fredrik@azdhs.gov

ARKANSAS

Arkansas Department of Health
Immunization Program
4815 West Markham
Slot #48
Little Rock, Arkansas 72205-3867

PHONE #: (501) 661-2000
FAX #: (501) 661-2300
Program Manager: Charles Beets
Email: cbeets@healthyarkansas.com

CALIFORNIA

California Department of Health Svcs
Immunization Branch
850 Marina Bay Parkway, Building P
Richmond, California 94804-6403

PHONE #: (510) 540-2065
FAX #: (510) 883-6015
Program Manager: Howard Backer
Email: Hbacker@dhs.ca.gov

COLORADO

Colorado Department of Public Health & Environment
PSD-IMM-A4
4300 Cherry Creek Dr., South
Denver, Colorado 80246-1530

PHONE #: (303) 692-2650
FAX #: (303) 691-6118
Program Manager: Rebecca Jordan
Email: rebecca.jordan@state.co.us

CONNECTICUT

Connecticut State Dept of Public Health
Immunization Program
P.O. Box 340308
410 Capitol Avenue, MS# 11 MUN
Hartford, Connecticut 06134-0308

PHONE #: (860) 509-7929
FAX #: (860) 509-7945
Program Manager: Vincent Sacco
Email: vincent.sacco@po.state.ct.us

Appendix I

DELAWARE

Immunization Program/Div of Public Health
Delaware Dept of Health & Social Services
The Jessie Cooper Building
Federal & Water Street
Dover, Delaware 19901

PHONE #: (302) 741-2940
FAX #: (302) 739-2358
Program Manager: Martin Luta
Email: martin.luta@state.de.us

FLORIDA

Florida Department of Health
Bureau of Immunization
4052 Bald Cypress Way, #A-11
Tallahassee, Florida 32399-1719
Fed Ex: 2585 Merchants Row Blvd, Rm 210
Prather Bldg, Suite 210
Tallahassee, FL 32399-1719

PHONE #: (850) 245-4342
FAX #: (850) 922-4195
Program Manager: Charles Alexander
Email: charles_alexander@doh.state.fl.us

GEORGIA

Georgia Department of Human Resources
Division of Public Health
Two Peachtree Street, N.W., 15th Floor, Rm 470
Atlanta, Georgia 30303

PHONE #: (404) 657-3158
FAX #: (404) 657-1463
Program Manager: Michael Chaney
Email: mechaney@dhr.state.ga.us

HAWAII

Hawaii Department of Health
Immunization Program
1250 Punchbowl Street - Room 428
P.O. Box 3378
Honolulu, Hawaii 96801
Fed Ex: 1250 Punchbowl St., Rm 428
Honolulu, Hawaii 96813

PHONE #: (808) 586-8300
FAX #: (808) 586-8302
Program Manager: Malama Markowitz
Email: ralene.m.markowitz@doh.hawaii.gov

IDAHO

Idaho Department of Health and Welfare
Immunization Program
4th Floor, 450 West State Street
Boise, Idaho 83270

PHONE #: (208) 334-5931
FAX #: (208) 334-4914
Program Manager: Tricia Hosch-Hebdon
Email: hoscht@idhw.state.id.us

ILLINOIS

Illinois Department of Public Health
Immunization Program
525 West Jefferson Street
Springfield, Illinois 62761

PHONE #: (217) 785-1455
FAX #: (217) 524-0967
Program Manager: Karen McMahon
Email: Kmcmahon@idph.state.il.us

CHICAGO

Chicago Department of Health
Immunization Program
Westside Center for Disease Control
2160 West Ogden Avenue
Chicago, Illinois 60612

PHONE #: (312) 746-5380
FAX #: (312) 746-6388
Program Manager: Maribel Chavez-Torres
Email: Chavez-Torres_M@cdph.org

INDIANA

Indiana State Department of Health
Immunization Program
2 North Meridian Street
Indianapolis, Indiana 46204-3003

PHONE #: (800) 701-0704
FAX #: (317) 233-7805
Program Manager: Carol Briley
Email: cbriley@isdh.IN.govs

IOWA

Iowa Department of Public Health
Division of Family/Community Health
321 E. 12th Street
Des Moines, Iowa 50319-0075

PHONE #: (515) 281-4923
FAX #: (800) 831-6292
Program Manager: Don Callaghan
Email: dcallagh@idph.state.ia.us

KANSAS

Kansas State Department of Health
Bureau of Disease Prevention
900 S.W. Jackson Street
L.S.O.B Suite 901 N
Topeka, Kansas 66612-1274

PHONE #: (785) 296-5591
FAX #: (785) 296-6368
Program Manager: Michael Runau
Email: mrunau@kdhe.state.ks.us

KENTUCKY

Kentucky Department for Public Health
Immunization Program
275 East Main Street, HSIC-D
Frankfort, Kentucky 40621-0001

PHONE #: (502) 564-4478
FAX #: (502) 564-4760
Program Manager: David Miller
Email:

LOUISIANA

Louisiana Office of Public Health
Immunization Program - Suite 107
1450 L and A Road
Metairie, Louisiana 70001

PHONE #: (504) 838-5300
FAX #: (504) 483-1909
Program Manager: Ruben Tapia
Email: RAT1017@yahoo.com

MAINE

Maine Department of Human Services
Immunization Program
2 Bangor Street
11 State House Station
Augusta, Maine 04333

PHONE #: (207) 287-3746
FAX #: (207) 287-8127
Program Manager: Jiancheng Huang
Email: jiancheng.haung@maine.gov

MARYLAND

Maryland Department of Health & Mental Hygiene
Center for Immunization
201 West Preston Street, 3rd Floor
Baltimore, Maryland 21201

PHONE #: (410) 767-6679
FAX #: (410) 333-5893
Program Manager: Gregory Reed
Email: reedgre@dhmh.state.md.us

MASSACHUSETTS

Massachusetts State Lab Inst - CDC
Division of Epidemiology & Immunization
305 South Street, Room 506B
Jamaica Plain, Massachusetts 02130-3597

PHONE #: (617) 983-6800
FAX #: (617) 983-6868
Program Manager: Pejman Talebian
Email: Pejman.Talebian@state.ma.us

MICHIGAN

Michigan Department of Community Health
Division of Immunization
201 Townsend Street
P.O. Box 30195
Lansing, Michigan 48909

PHONE #: (517) 335-8159
FAX #: (517) 335-9855
Program Manager: Bob Swanson
Email: SwansonR@michigan.gov

MINNESOTA

Minnesota Department of Health
Immunization Program
625 N. Roberts Street
P.O. Box 64975
St. Paul, Minnesota 55164-0975

PHONE #: (612) 676-5100
FAX #: (612) 676-5689
Program Manager: Kristin Ehressmann
Email: Kristen.Ehresmann@health.state.mn.us

Appendix I

MISSISSIPPI

Mississippi State Department of Health
Division of Immunization
570 Woodrow Wilson Blvd
P.O. Box 1700
Jackson, Mississippi 39215-1700

PHONE #: (601) 576-7751
FAX #: (601) 576-7686
Program Manager: Joy Sennett (acting)
Email: jsennett@msdh.state.ms.us

MISSOURI

Missouri Department of Health
Section of Vaccine-Preventable Diseases
930 Wildwood Drive
P.O. Box 570
Jefferson City, Missouri 65102

PHONE #: (573) 751-6439
FAX #: (573) 526-6892
Program Manager: Brad Hall
Email: hallb@dhss.state.mo.us

MONTANA

Montana Department of Health & Human Svcs
Health Policy and Services Div
Cogswell Building - Room C211
P.O. Box 202951
Helena, Montana 59620

PHONE #: (406) 444-5580
FAX #: (406) 444-2920
Program Manager: Joyce Burgett
Email: jburgett@state.mt.us

NEBRASKA

Nebraska Department of Health & Human Services
Immunization Program
301 Centennial Mall South
P.O. Box 95044
Lincoln, Nebraska 68509-5044

PHONE #: (402) 471-6423
FAX #: (402) 471-6426
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Appendix I

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